

KKO
F. #2017R01840

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

- - - - - X

UNITED STATES OF AMERICA

CERTIFICATE OF SERVICE

- against -

Criminal Docket No. 18-204 (S-2) (NGG)

KEITH RANIERE, *et al.*

Defendants.

- - - - - X

I, Elizabeth Valeriane, hereby certify that on July 22, 2019, I caused to be served Notices of Forfeiture, copies of the Preliminary Orders of Forfeiture and copies of the Amended Orders of Forfeiture, pursuant to 21 U.S.C. § 853(n)(1) in the above-captioned action, by Certified Mail Return Receipt Requested, (attached hereto) upon:

Kathy Russell
c/o Justine Harris, Esq.
Sher Tremonte LLP
90 Broad Street, 23rd Floor
New York, New York 10004

Lauren Salzman
c/o Hector Diaz, Esq.
Quarles & Brady, LLP
2 North Central Avenue
Phoenix, Arizona 85004

Allison Mack
c/o William McGovern, Esq.
Kobre & Kim LLP
800 Third Avenue, Floor 6
New York, New York 10022

Clare Bronfman
c/o Kathleen Cassidy, Esq.
Hafetz & Necheles LLP
10 E 40th St, 48th Floor
New York, New York 10016

Keith Ranieri
c/o Marc Agnifilo, Esq.
Brafman & Associates
767 Third Avenue
New York, New York 10017

Sara Bronfman
c/o Lester E. Lipschutz, Esq.
Cozen O'Connor
One Liberty Place
1650 Market Street, Suite 2800
Philadelphia, Pennsylvania 19103

Keith Ranieri - 57005-177
MDC Brooklyn
METROPOLITAN DETENTION CENTER
P.O. Box 329002
Brooklyn, New York 11232

Fifth Third Mortgage Company
5001 Kingsley Drive
MD: 1MOCBQ
Cincinnati, Ohio 45227

I, Elizabeth Valeriane, further certify that on August 13, 2019, I caused to be served Notices of Forfeiture, copies of the Preliminary Orders of Forfeiture and copies of the Amended Orders of Forfeiture, pursuant to 21 U.S.C. § 853(n)(1) in the above-captioned action, by Certified Mail Return Receipt Requested, (attached hereto) upon:

NXIVM
c/o Michael Sullivan, Esq.
Ashcroft Law Firm
200 State Street, 7th Floor
Boston, Massachusetts 02109

Dated: Brooklyn, New York
August 21, 2019

/s/ Elizabeth Valeriane
Elizabeth Valeriane
FSA, Law Clerk



U.S. Department of Justice

*United States Attorney
Eastern District of New York*

KKO
F. #2017R01840

*271 Cadman Plaza East
Brooklyn, New York 11201*

July 22, 2019

By Certified Mail/Return Receipt Requested

Kathy Russell
c/o Justine Harris, Esq.
Sher Tremonte LLP
90 Broad Street, 23rd Floor
New York, New York 10004

NOTICE OF FORFEITURE TO POTENTIAL THIRD PARTY CLAIMANTS

Re: *United States v. Keith Raniere et al,*
Criminal Docket No. 18-204 (NGG) (EDNY)

To Whom It May Concern:

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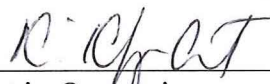
Assistant U.S. Attorney Karin Orenstein
United States Attorney's Office
Eastern District of New York
271-A Cadman Plaza East
Brooklyn, New York 11201

If you have any questions regarding the above matter or need additional assistance please feel free to contact the undersigned.

Very truly yours,

RICHARD P. DONOGHUE
United States Attorney

By:


Karin Orenstein
Assistant U.S. Attorney
(718) 254-6188

Enclosure: Preliminary Orders of Forfeiture
Amended Preliminary Orders of Forfeiture



U.S. Department of Justice

*United States Attorney
Eastern District of New York*

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Assistant U.S. Attorney Karin Orenstein
United States Attorney's Office
Eastern District of New York
271-A Cadman Plaza East
Brooklyn, New York 11201

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Assistant U.S. Attorney Karin Orenstein
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U.S. Department of Justice

*United States Attorney
Eastern District of New York*

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c/o Kathleen Cassidy, Esq.
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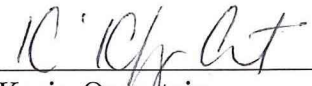
Assistant U.S. Attorney Karin Orenstein
United States Attorney's Office
Eastern District of New York
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Brooklyn, New York 11201

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U.S. Department of Justice

*United States Attorney
Eastern District of New York*

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Keith Raniere
c/o Marc Agnifilo, Esq.
Brafman & Associates
767 Third Avenue
New York, New York 10017

Keith Raniere - 57005-177
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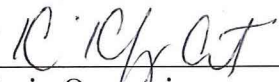
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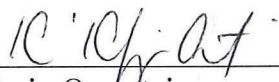
Assistant U.S. Attorney Karin Orenstein
United States Attorney's Office
Eastern District of New York
271-A Cadman Plaza East
Brooklyn, New York 11201

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United States Attorney

By:



Karin Orenstein
Assistant U.S. Attorney
(718) 254-6188

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U.S. Department of Justice

*United States Attorney
Eastern District of New York*

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Brooklyn, New York 11201*

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Sara Bronfman
c/o Lester E. Lipschutz, Esq.
Cozen O'Connor
One Liberty Place
1650 Market Street, Suite 2800
Philadelphia, Pennsylvania 19103

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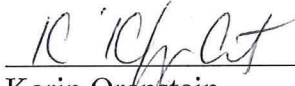
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Cincinnati, Ohio 45227

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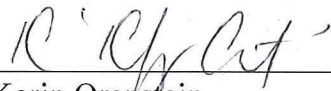
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c/o Michael Sullivan, Esq.
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200 State Street, 7th Floor
Boston, Massachusetts 02109

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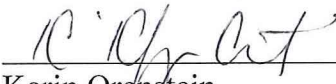
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Kathy Russell c/o Justine Harris, Esq. Sher Tremonte LLP 90 Broad Street, 23rd Floor New York, New York 10004</p> <p>9590 9402 3406 7227 8038 02</p> <p>2. Article Number (Transfer from service label) 7003 0500 0002 4773 5339</p>	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 7-30-19</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500) <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Lauren Salzman c/o Hector Diaz, Esq. Quarles & Brady, LLP 2 North Central Avenue Phoenix, Arizona 85004</p> <p>9590 9402 5067 9092 8288 73</p> <p>2. Article Number (Transfer from service label) 7003 0500 0002 4773 5360</p>	<p>A. Signature X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Male Evans</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500) <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Allison Mack c/o William McGovern, Esq. Kobre & Kim LLP 800 Third Avenue, Floor 6 New York, New York 10022</p> <p>9590 9402 5067 9092 8285 21</p> <p>2. Article Number (Transfer from service label) 7003 0500 0002 4773 5353</p>	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500) <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053

Tracking Number: 70030500000247735353

Status

Delivered

July 29, 2019 at 3:48 pm
Delivered, Front Desk/Reception/Mail Room
NEW YORK, NY 10022

Get Updates

Delivered

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Clare Bronfman c/o Kathleen Cassidy, Esq. Hafetz & Necheles LLP 10 E 40th St, 48th Floor New York, New York 10016</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 7003 0500 0002 4773 5414</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	

Tracking Number: 70030500000247735414

Status

Delivered

July 25, 2019 at 12:51 pm
Delivered, Front Desk/Reception/Mail Room
NEW YORK, NY 10016

Get Updates

Delivered

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Sabrina Hamilton</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Keith Raniere c/o Marc Agnifilo, Esq. Brafman & Associates 767 Third Avenue New York, New York 10017</p>		<p>B. Received by (Printed Name) <i>Sabrina Hamilton</i> C. Date of Delivery <i>7/25/19</i></p>	
<p>2. Article Number (Transfer from service label) 7003 0500 0002 4773 5421</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	

Domestic Return Receipt

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<p>1. Article Addressed to:</p> <p>Keith Raniere - 57005-177 MDC Brooklyn METROPOLITAN DETENTION CENTER P.O. Box 329002 Brooklyn, New York 11232</p>		<p>B. Received by (Printed Name) <i>Keith Raniere</i> C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 7003 0500 0002 4773 5438</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Sara Bronfman c/o Lester E. Lipschutz, Esq. Cozen O'Connor One Liberty Place 1650 Market Street, Suite 2800 Philadelphia, Pennsylvania 19103</p> <p>9590 9402 5067 9092 8280 88</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7003 0500 0002 4773 18447</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Fifth Third Mortgage Company 5001 Kingsley Drive, MD: 1MOCBQ Cincinnati, Ohio 45227</p> <p>9590 9402 5067 9092 8280 64</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7003 0500 0002 4773 5445</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>NXIVM c/o Michael Sullivan, Esq. Ashcroft Law Firm 200 State Street, 7th Floor Boston, Massachusetts 02109</p> <p>9590 9402 5067 9092 9693 16</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7003 0500 0002 4773 5476</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt